

**EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**THE APPOINTMENT OF AN ADVISORY COMMITTEE
FOR THE DOCTOR OF PHILOSOPHY IN NURSING DEGREE**

NAME: _____
Student's Name (please type or print) _____ E# _____

Admitted to doctoral study in the college of Nursing in the _____ semester of _____.
Fall/Spring/Summer (year)

Field of Study: Nursing Science Cognate: _____ Degree: PHD

NOTE: On admission to the program the student will be assigned a major academic advisor. The major academic advisor will approve the student's program of study and advise the student throughout the coursework and residency activities. Upon successful completion of the qualifying examination, The PhD candidate officially selects a dissertation chair for approval by the Director of Graduate Programs. The dissertation committee must consist of a chair and three eligible committee faculty members. The chair of the dissertation committee must be an ETSU College of Nursing faculty member with **member or senior member** status; one dissertation committee member must be a graduate faculty member from another academic unit within this or another university. Faculty outside of ETSU will need to have **temporary graduate faculty** status from ETSU School of Graduate Studies. Dissertation committee composition includes a content expert, theoretical expert, and a methodologist. Committee members must hold current IRB Certification.

The members of the student's advisory committee, as indicated below, were designated during a conference with the student on _____ Date _____ Graduate Coordinator _____

Faculty Signatures affixed below constitute acceptance of the advisory committee assignment.

Committee Names: (Please Type or Print)	Committee Signatures:	Grad Faculty Status And Expiration Date
_____ Chair, Advisory Committee Phone Number	_____ Signature Date	_____
_____ Committee Member Phone Number	_____ Signature Date	_____
_____ Committee Member Phone Number	_____ Signature Date	_____
_____ Committee Member Phone Number	_____ Signature Date	_____
_____ Committee Member Phone Number	_____ Signature Date	_____

Approved:

Dean, School of Graduate Studies Date